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CONFIRMATION NO. 3556

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/524,960	<b>FILING OR 371(c) DATE</b> 02/18/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> X-15582
<b>APPLICANTS</b> Julie Kay Bush, Fishers, IN; Perry Clark Heath, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/23260 08/12/2003 which claims benefit of 60/405,443 08/22/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 25885				
<b>TITLE</b> HEMIHYDRATE OF A SELECTIVE FUNCTIONAL M1 MUSCARINE RECEPTOR AGONIST				
<b>FILING FEE RECEIVED</b> 3660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	